STATE OF CALIFORNIA DIVISION OF WORKERS' COMPENSATION

WORKERS' COMPENSATION APPEALS BOARD

STIPULATIONS WITH REQUEST FOR AWARI

REQUEST FOR AWARD	Case No(s).	Case No(s).			
	Social Security No.				
Applicant (Employee)	Address				
Correct Name(s) of Employer(s)	Address(es)				
Correct Name(s) of Insurance Carrier(s) Claims Administrator(s)	Address(es)				
The parties hereto stipulate to the issuance of an Aw Labor Code Section 5313:	ard and/or Order, based upon t	he following facts, and waive	the requirements of		
lemployee)	, born(date)	, while employed at			
	25 2(n)				
(city) (ste	as a(11)	(occupation)	(group)		
on(date[s] of injury(ies))					
(employer(s))				
		ustained injury(ies) arising ou	t of and in the		
course of employment to			·		
	(parts of body inju	,			
The injury(ies) caused temporary disability for t	he period(s)	through	for which		
indemnity has been paid at \$ pe	r week. 2(a). The injury(ies) caus	sed additional temporary disa	bility for the period		
through at	the rate of \$	in the amount of \$	·		
3. The injury(ies) caused permanent disability of	%, for which indemni	ty is payable at \$	per week		
beginning	, in the sum of \$, less cred	it for such payments		
previously made.	per week there	eafter.			
Labor Code §4658(d) adjustment:	rate to \$ as of	Decrease rate to \$_	as of		
Not applicable.					
An informal rating has/has not (salast ana) hoon pro	viously issued DELL#				

Applicant/Employee:		WCAB No(s)			
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4.	There is is not a need for medical treatment to cure or	relieve from the effects of said injury(ies).			
5.	5. Medical-legal expenses and/or liens are payable by defendant as follows:				
6.	Applicant's attorney requests a fee of \$ Fee	es to be commuted as follows:			
7.	Liens against compensation are payable as follows:				
0	Any accrued claims for Labor Code Section 5814 penalties are in	actuded in this pattlement unless evenesely evaluded			
8.	Any accrued claims for Labor Code Section 3014 penalties are in	icidded iii tilis settlement dilless expressiy excluded.			
9. Other stipulations:					
		Arrange Automotive for Defenden			
Dat	ed	Attorney or Authorized Representative for Defendant			
Applicant		Address of Attorney or Authorized Representative			
Att	orney or Authorized Representative for Applicant				
<u></u>	dress of Attorney or Authorized Representative				
Αď	iless of Attorney of Authorized Representative				
Inte	rpreter				

Applicant/Employee:	WCAB No(s)
	AWARD
AWARD IS MADE in favor of	against
(entity legally obligated to pay	the award)
(A) Additional temporary disability indemnity in ac	
(B) Permanent disability indemnity in accordance w	
	ayable to applicant's attorney as the reasonable value of services rendered.
Fees are to be commuted pursuant to Paragrap	
(C) Liens in accordance with Paragraph 7 above,	
(D) Further medical treatment in accordance with	Paragraph 4 above,
(E) Reimbursement for medical-legal expenses in a	ccordance with Paragraph 5 above,
(F) Stipulations in Paragraph 8 and 9 are approved.	
(G) The matter is ordered off calendar / set for sta	tus/lien conference.
(H)	
(Dated)	WORKERS' COMPENSATION ADMINISTRATIVE LAW JUDGE
	WORKERS' COMPENSATION APPEALS BOARD
On, this document	on Pursuant to Rule 10500, you are designated to serve this document on all parties shown on the Official Address Record, together with a proof of service. You shall maintain this proof of service, which shall not be filed with the WCAB unless a dispute arises regarding service. A copy of the current Official Address Record accompanies this notice.
parties:By	<u> </u>